

IRO Express Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Dec/11/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient Right L5/S1 Microdisctomy 63030 X 2 69990 X 2

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

NEUROLOGICAL SURGERY

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Clinical report dated 07/11/13

Clinical report dated 07/18/13

Clinical report dated 07/29/13

Clinical report dated 08/06/13

Clinical report dated 09/09/13

Clinical report dated 09/24/13

Clinical report dated 10/10/13

MRI of the thoracic spine dated 07/29/13

MRI of the lumbar spine dated 07/29/13

CT myelogram of the lumbar spine dated 09/23/13

Prior utilization reviews dated 10/07/13 & 10/24/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who sustained an injury on xx/xx/xx. The patient was followed for complaints of pain in the mid to lower back on the date of injury. The patient reported limited improvement with the use of over the counter Tylenol. Other medication use is noted to have included anti-inflammatories as well as muscle relaxers with limited improvement in symptoms. MRI studies of the lumbar spine from 07/29/13 demonstrated disc desiccation at L5-S1 with a 5mm disc extrusion. There was no evidence of foraminal stenosis or canal stenosis. The patient did attend physical therapy sessions with limited relief. There was also limited relief from multiple epidural steroid injections. CT myelogram studies of the lumbar

spine completed on 09/23/13 demonstrated mild disc bulging at L5-S1 only. The clinical report from 10/10/13 stated that the patient did require a blood patch following the CT myelogram studies. The patient's physical examination at this visit demonstrated slight weakness in the gastroc as well as the right extensor hallucis longus. The patient was recommended for a microdiscectomy at L5-S1.

The requested L5-S1 microdiscectomy was not recommended as medically necessary by utilization review on 10/07/13 as there was limited documentation regarding non-operative treatment.

The request was again non-certified by utilization review on 10/24/13 as there was insufficient objective findings regarding lumbar radiculopathy that supported the surgical request.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The patient has been followed for complaints of low back pain radiating to the lower extremities. There is no documentation on imaging studies of any nerve root compression secondary to foraminal stenosis or any evidence of substantial canal stenosis at L5-S1 that would justify surgical procedures. The MRI study of the lumbar spine from July of 2013 demonstrated a disc protrusion at L5-S1 without foraminal or canal stenosis. Subsequent CT myelogram studies only identified mild disc bulging without evidence of foraminal or canal stenosis. No other diagnostic evaluation regarding the potential for lumbar radiculopathy was present to include any EMG studies of the lower extremities. Although the patient has continued to have symptoms despite non-operative treatment, the lack of clear findings on imaging would not support the proposed procedures. As the clinical documentation provided for review is not consistent with guideline recommendations, it is the opinion of this reviewer that medical necessity is not established and the prior denials are upheld.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES